



NW ASSOCIATION
FOR
BLIND
ATHLETES



MONTANA
SCHOOL *for the*
Deaf & Blind

PRESENTS

PARALYMPIC EXPERIENCE

MISSOULA, MONTANA

Why: To give students an opportunity to learn basic fundamentals and skills for participating in martial arts, goalball and beep baseball

Who: Open to all K-12 blind or visually impaired students. Teachers of the Visually Impaired and other family members will also be welcome. Parents or Teachers are required to supervise students throughout the entire event.

Where: Heritage High School
900 S. Higgins Avenue
Missoula, MT 59801

When: Saturday, October 25th, 2014

Time: 9am to 9:30am (Check-in)
9:30am to 2:45pm

Registration forms are due by Monday, October 20th, 2014. Additional forms are available at <http://www.nwaba.org>

Northwest Association for Blind Athletes
PO BOX 65265

Vancouver, WA 98665-0009

1-360-448-7254 or 1-800-880-9837

bhenry@nwaba.org

www.nwaba.org



Paralympic Experience Registration

Please send completed form to:

Northwest Association for Blind Athletes
PO Box 65265
Vancouver, WA 98665-0009

Participant Registration Form

Name _____

Address _____

Home Phone _____ Cell Phone _____

Birth Date _____ E-mail Address _____

Favorite Sport and Recreational Interests:

Number of family members attending event: _____
(We will be providing lunch for all participants and families)

Parents/Teachers:

Would you be willing to be a captain of a tandem bicycle during the clinic? ☐ Yes ☐ No

Please check one of the following

Date of Birth _____

Vision: ☐ B1 – totally blind

☐ B2 – best corrected vision is 20/600 and up

Sex ☐ Male ☐ Female

☐ B3 – best corrected vision is 20-200 - 20/599

☐ B4 – best corrected vision is 20/70 - 20/199

T-shirt Size _____

Description of Visual Impairment

Additional Disabilities and/or Medical Conditions

Please send completed membership application to:

Northwest Association for Blind Athletes | PO BOX 65265 | Vancouver, WA 98665-0009
360-448-7254 | www.nwaba.org | sgibbins@nwaba.org

Please list any Allergies (Food and/or Environmental):

Emergency Contact #1:

Name _____

Relationship _____ Phone _____

Emergency Contact #2:

Name _____

Relationship _____ Phone _____

Waiver: (please read carefully)

By signing this athlete registration form, the participant affirms having understood all terms and conditions. In consideration of my involvement under the auspices of Northwest Association for Blind Athletes (NWABA) at training and competition sites, I acknowledge and agree to the following: 1. I risk bodily injury, including paralysis, dismemberment and death as well as loss or damage to property; 2. I knowingly and freely assume all such risk; 3. I hereby authorize and give my full consent to NWABA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any NWABA event. I further agree that Northwest Association for Blind Athletes (NWABA) may transfer, use or cause to be used these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations; and 4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Northwest Association for Blind Athletes (NWABA), their officers, officials, volunteers, agents and/or employees, with respect to any such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

For athletes of minority age – (under 18 at time of registration), this is to certify that I, as a parent/guardian of this participant, consent to his/her release of the Northwest Association for Blind Athletes (NWABA) from any and all liabilities incident to his/her involvement in the programs conducted at authorized training and competition sites.

Signature _____

Date _____

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